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APPLICANTS

Elfatih Elzein, Fremont, CA;  
 Dmitry Koltun, Millbrae, CA;  
 Jeff Zablocki, Mountain View, CA;

\*\* CONTINUING DATA \*\*\*\*\*  
 This appln claims benefit of 60/431,506 12/05/2002

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 03/10/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance <u>EB</u> Examiner's Signature Initials	STATE OR COUNTRY CA	SHEETS DRAWING 0	TOTAL CLAIMS 21	INDEPENDENT CLAIMS 2
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ADDRESS  
 27716  
 CV THERAPEUTICS, INC.  
 3172 PORTER DRIVE  
 PALO ALTO , CA  
 94304

TITLE  
 Substituted heterocyclic compounds

FILING FEE  RECEIVED 459	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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